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# *Syphilis in the State Hospital*

R. A. CUSHMAN, M.D., Medical Superintendent, and RUDOLPH B. TOLLER, Surgeon in Chief of Mendocino State Hospital

The population of the Mendocino State Hospital is 2761 patients; 136 of these patients are syphilitic. This represents about 5 per cent of the population. Not all of those who have syphilis have a psychosis due to syphilis. The fact that a person has syphilis and a mental disease does not preclude that the syphilis is the cause of the mental disease. Occasionally patients with a manic depressive psychosis or dementia praecox or alcoholic psychosis are found to have primary or latent syphilis and their psychosis antedates their syphilitic disorder. Extreme care must be exercised to be certain that syphilis is not the cause of the psychosis. This requires a careful study of the clinical signs and symptoms presented by the patient as well as repeated examination of the spinal fluid.

In a few instances patients with the functional psychoses and latent syphilis later develop a superimposed neuro-syphilis. This condition was recently observed in a patient whose mental condition was caused by dementia praecox. He had continuous treatment for latent syphilis over a number of years with several examinations of the spinal fluid. A recent spinal fluid examination showed a positive Wassermann, and a paretic type of colloidal gold reaction. His mental condition also showed a progressive mental deterioration. In another patient seen at this hospital in 1918 a diagnosis of psychosis with mental deficiency was made at the time and the Wassermann test was negative. In 1932, he was readmitted with fairly advanced paresis. Comparatively, the greater percentage of syphilitics in the hospital are there because of a psychosis due to syphilis.

Among the new admissions to the hospital, psychosis of syphilitic origin plays a prominent part. In practically all instances the psychoses are fairly well established. This is probably due to the fact that every delay possible is made before application for care in the State hospital is considered. Relatives and friends forego as long as possible the drastic steps that are necessary to commit a person to a state hospital. It is only when the patient shows himself as dangerous to himself or the person and property of others that they will seek admission, in reality are forced to seek admission to the hospital. Relatives are often not aware of the cause of the mental disorder, and it is not until a complete examination has been made by the hospital staff that they are informed that the psychosis is due to syphilis. They had noted the oncoming mental disease, with fear and apprehension that a close relative was "losing his mind" but their pride had prevented them from seeking expert advise from their family physician, who could easily guide them and advise them long before the disease had become serious enough to require state hospitalization. Many lay people still consider a mental disease something to hide.

A psychosis due to syphilis is a serious mental disease for which every syphilitic is a candidate. Fortunately, its occurrence is not common, only two to five syphilitics in a thousand develop a psychosis. The damage that this condition does to the human mind should act as a stimulus to adequately treat syphilitics to prevent such a catastrophe as a psychosis. As in other mental diseases, prevention is much easier than the cure.

Many physicians, when considering psychoses associated with syphilis, still have in mind the pathetic picture that was formerly the usual course of paresis. A few years ago it was not uncommon to see many patients in the last stages of paresis. With newer methods of treatment, the former classical picture of advanced syphilis of the brain is uncommon, and now men and women with marked dementia of syphilitic origin are seen less frequently.

Syphilis of the central nervous system is principally of two types; the parenchymatous and interstitial. In many instances it is impossible to distinguish between these types clinically and serologically. The prognosis of the interstitial type is much more favorable and for this reason an attempt is made to classify the various psychoses. The American Psychiatric Association recommends the following classification:

1. Psychosis with meningo encephalitis. This was formerly paresis.
2. Psychosis with meningo-vascular syphilis; formerly called cerebral syphilis.
3. Psychosis with intracranial gumma.
4. Other types not covered in above, including tabes.

Although not classified as a psychosis, mention should be made also of a symptomatic neuro-syphilis.

In considering the percentage of psychoses of syphilitic origin in admissions to the Mendocino State Hospital, the new admissions are classified as to type of commitment.

1. Mental or insane commitments
2. Criminal insane commitments
3. Intemperate commitments

July 1, 1935, to June 30, 1936

| | |
|---|---|
| New Admissions—mental | 168 |
| Psychoses due to syphilis | 12 |
| Percentage | 7.10 |

July 1, 1935, to June 30, 1936

| | |
|---|---|
| New Admissions—Criminal insane | 79 |
| Psychoses due to syphilis | 18 |
| Percentage | 22.8 |

July 1, 1935, to June 30, 1936

| | |
|---|---|
| New Admissions—Intemperance | 393 |
| Psychoses due to syphilis | 2 |
| Percentage | .5 |

July 1, 1936, to June 30, 1937

| | |
|---|---|
| New Admissions—mental | 236 |
| Psychoses due to syphilis | 20 |
| Percentage | 8.4 |

July 1, 1936, to June 30, 1937

| | |
|---|---|
| New Admissions—Criminal insane | 70 |
| Psychoses due to syphilis | 13 |
| Percentage | 18.5 |

July 1, 1936, to June 30, 1937

| | |
|---|---|
| New Admissions—Intemperance | 452 |
| Psychoses due to syphilis | 4 |
| Percentage | .8 |

Among new admissions to mental hospitals most authorities agree that 5 per cent to 8 per cent are because of psychoses due to syphilis. These figures pertain to this hospital, except among the new admissions of criminal insane. Some explanation should be made regarding the criminal insane. It will be observed that the percentage of psychoses due to syphilis is very high.

Some fairly common mental diseases must be differentiated from psychosis due to syphilis. These are neurasthenia, involutional psychoses, chronic alcoholism, arteriosclerotic brain disease and other organic brain diseases. They are distinguished principally by the negative serological findings.

In years past the psychoses due to syphilis were considered hopeless. The infirmary wards of the State hospitals always had several patients in the last stages of their paresis. These patients were markedly demented, living a vegetative existence.

Since shortly after the introduction of fever therapy in the treatment of paresis, this type of treatment has been established in the State hospitals. Records are available to show that it has been successful. It is only occasionally now that the disease progresses to the state of marked deterioration that was once the usual course.

Therapy in psychoses due to syphilis effects a cure only to the extent that it stops the degeneration of nerve tissue. If much degeneration has occurred, there is very little hope for regeneration of nervous tissue. The patient may have suffered so much brain damage that when the paresis is arrested the mental defects are serious enough to prevent him from making a social adjustment. This patient may, however, be able to lead a happy life under supervision and can be given custodial care in the State hospital and permitted to perform minor duties about the hospital, in the gardens, in the wards, or about the grounds. On the other hand, recovery may be effected and the patient may leave the hospital and resume his place in society, perhaps not at the same level as previously, but at a level to enable him to earn a living and care for his family.

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God could not be everywhere therefore He made mothers.—Jewish proverb.

## INDIVIDUAL RESPONSIBILITY FOR HEALTH

Public health provides a service to the community. In the early stages of its administration as a governmental unit public health was concerned chiefly with environmental factors that had to do with the promotion of community health. Sewage disposal, water and milk supplies, fly and mosquito control and general sanitation were the supporting pillars in every community health program. They still uphold most of the structure, but during recent years more widespread and intensive activities that have to do with the individual citizen have been developed. Of these, immunization against smallpox, diphtheria and typhoid fever has been, and still is, most important. Many other personal attributes provided through services to the individual have been added to the general health program as practiced in the average community. Among them are prenatal service, child care, dental hygiene, pneumonia control, educational and other services that require application of recognized methods of procedure at the hands of trained workers.

While this type of activity seems to be in the form of grants to the individual it is actually the provision of a service that helps people to do things for themselves. It requires action upon the part of the individual and demands continued activity in order to achieve results. Of this Surgeon General Parran of the United States Public Health Service has said:

> "Public health today consists of helping people to do things for themselves. The pregnant woman should seek medical care early. The mother must know the essentials of proper feeding and care of her baby and avail herself of the protective inoculations against such diseases as diphtheria and smallpox. The school child must be taught good health habits. The pneumonia patient must call the doctor early in order that serum may be of value. Regular examinations including X-rays when necessary make it possible for tuberculosis to be discovered in its curable stages. The only hope of cure from cancer is similarly citizen interest, knowledge, and participation in finding the disease and securing proper treatment."

The physician can perhaps make his greatest contribution to a child health problem when the public is educated to the need of having children examined regularly once, or better twice, a year, even in the absence of symptoms of disease. Many mothers bring their babies to the physician regularly for inspection and health advice, and school children receive at least a certain amount of attention. But in the ages between, very little is done, with the result that large numbers of children enter school at the age of six with various defects, many far advanced. The public does more in this kind of prevention dentally than medically, which indicates what can be accomplished by the proper sort of education.

## TULARE COUNTY HAS FIRST TULAREMIA CASE

It is a fact that the first case of tularemia was not found in Tulare County. Recently, that county has reported its first case of tularemia although the causative organism, *B. Tularense,* is named for the county where it was first discovered. This unusual situation is explained by the fact that Drs. McCoy and Chapin of the United States Public Health Service, way back in 1910, were examining ground squirrels of Tulare County in a search for plague. In the course of their investigation they saw an organism which bore certain characteristics of *B. Pestus,* but which was not that organism. They were unable to associate it with any specific pathogenic condition in human beings or in animals. So they named it *B. Tularense* in honor of the California county where, through accident, it first became recognized as a distinct entity.

In 1911, Dr. Edward Francis, also of the United States Public Health Service, was detailed to Utah for the purpose of investigating cases of "deer-fly fever," so-called because of the fact that the deer fly was seemingly responsible for the transmission of the unusual disease in human beings. He found, in these cases, the same organism that Drs. McCoy and Chapin had discovered in California, and lesions produced in Utah rodents were identical with those in California ground squirrels. The term "deer-fly fever" was discarded and tularemia used in its stead.

Later investigations proved that the disease, primarily a disease of wild rabbits, is widespread throughout most of the United States and in many parts of the world. Furthermore, it was determined that the chief vector of the infection is the common wood tick. Credit for this interesting and important epidemiological study is due the United States Public Health Service in 1910-1911, and in later years.

California's public health workers are interested because of the fact that this disease, named after a California county, is now known throughout the civilized world. But, until now, it is not known that a case of tularemia in a human being has ever occurred in Tulare County, California.

Rest of body and mind, education in regard to what is safe and what is dangerous, good food and fresh air are the medicines that restore health. Intelligent medical supervision, freedom from care and worry, confidence in recovery, conscientiousness in carrying out every detail given by the physician, work miracles, as thousands can testify who have fallen ill of tuberculosis, but who have fought the good fight and won out. —Dr. Lawrason Brown.

## MORBIDITY

### Complete Reports for Following Diseases for Week Ending January 8, 1938

### Chickenpox

707 cases: Alameda County 4, Alameda 14, Berkeley 8, Emeryville 2, Oakland 32, San Leandro 1, Chico 1, Contra Costa County 1, Antioch 1, El Cerrito 1, Pinole 2, Placerville 2, Fresno County 55, Fresno 5, Imperial County 1, Calexico 10, El Centro 2, Kern County 11, Bakersfield 1, Hanford 5, Lake County 3, Los Angeles County 16, Alhambra 3, Beverly Hills 2, Claremont 1, Compton 1, Glendale 15, Huntington Park 1, Long Beach 5, Los Angeles 72, Pasadena 10, Pomona 13, San Marino 1, Santa Monica 1, South Gate 1, Bell 1, Gardena 2, Madera County 5, Madera 1, Larkspur 1, Merced County 6, Gustine 2, Monterey County 1, Monterey 1, Nevada County 1, Orange County 9, Orange 1, Santa Ana 10, Riverside County 16, Corona 4, Hemet 6, Riverside 14, Sacramento 3, San Bernardino County 15, Redlands 1, San Bernardino 2, San Diego County 16, Coronado 1, Escondido 5, La Mesa 2, National City 2, San Diego 31, San Francisco 18, San Joaquin County 18, Lodi 21, Manteca 1, San Luis Obispo County 1, Paso Robles 2, San Luis Obispo 1, San Mateo County 2, South San Francisco 3, Menlo Park 9, Belmont 1, Santa Barbara County 3, Lompoc 10, Santa Barbara 11, Santa Maria 14, Santa Clara County 1, Gilroy 1, San Jose 9, Santa Cruz 12, Redding 1, Benicia 2, Vallejo 1, Stanislaus County 11, Modesto 9, Tehama County 1, Red Bluff 1, Tulare County 4, Exeter 6, Lindsay 1, Tuolumne County 1, Sonora 2, Ventura County 33, Fillmore 3, Oxnard 5, Santa Paula 10, Ventura 2, Yolo County 2, Woodland 5, Marysville 6.

### Diphtheria

47 cases: Oakland 5, Kern County 1, Los Angeles County 2, Culver City 1, Los Angeles 14, Pomona 1, San Gabriel 1, Chowchilla 1, Marin County 1, Merced County 2, Orange County 2, Riverside County 1, San Diego County 1, National City 1, San Diego 4, Santa Barbara County 1, Santa Clara County 2, San Jose 1, Visalia 1, Ventura County 2, Yuba County 1, Marysville 1.

### German Measles

15 cases: Berkeley 1, Glendale 1, Long Beach 3, Los Angeles 1, San Francisco 8, Santa Clara County 1.

### Influenza

85 cases: Oakland 4, Fresno County 4, Hanford 5, Los Angeles County 2, Culver City 1, Glendale 3, Huntington Park 1, Long Beach 4, Los Angeles 8, Pasadena 1, Maywood 1, Fullerton 2, Riverside County 1, Riverside 1, Sacramento County 2, Sacramento 21, San Bernardino County 1, Ontario 6, San Diego County 2, San Francisco 4, San Joaquin County 2, Stockton 1, San Luis Obispo County 1, Paso Robles 1, Tulare County 4, California 2.*

### Malaria

2 cases: Los Angeles 1, California 1.*

### Measles

110 cases: Alameda 1, Oakland 2, Pittsburg 4, Fresno County 2, Fresno 2, Imperial County 1, Kern County 4, Kings County 2, Hanford 7, Los Angeles County 3, Covina 2, Los Angeles 8, Montebello 1, Pasadena 1, South Pasadena 1. Torrance 2, Monterey County 1, Coronado 1, San Joaquin County 1, San Mateo County 1, Santa Barbara County 1, Tulare County 49, Exeter 4, Tulare 1. Visalia 3, Ventura County 1, Santa Paula 1, Ventura 2, Davis 1.

### Mumps

322 cases: Alameda 2, Berkeley 1, Oakland 21, Contra Costa County 1, Pittsburg 1, Fresno County 7, Fresno 1, Sanger 1, Kern County 2, Tehachapi 7, Lake County 1, Los Angeles County 3, Compton 3, Covina 3, Glendale 23, Inglewood 1, Long Beach 26, Los Angeles 26, Santa Monica 1, Sierra Madre 1, Lynwood 1, Hawthorne 4, Madera County 7, Madera 9, Napa County 3, Napa 1, Orange County 3, Anaheim 3, Fullerton 1, Huntington Beach 1, Newport Beach 1, Santa Ana 1, Riverside County 1, Sacramento 9, San Diego County 11, National City 1, San Diego 13, San Francisco 16, San Luis Obispo County 8, San Mateo County 5, Daly City 1, South San Francisco 2, Santa Barbara County 19, Lompoc 4, Santa Barbara 3, Santa Maria 7, Santa Clra County 3, Santa Cruz County 2, Santa Cruz 6, Vallejo 2, Sonoma County 4, Stanislaus County 18, Oakdale 11, Tulare County 3, Ventura County 1, Fillmore 4, California 1.*

### Pneumonia (Lobar)

93 cases: Alameda County 1, Berkeley 1, Oakland 6, Fresno County 1, Firebaugh 1, Fresno 2, Humboldt County 1, El Centro 1, Los Angeles County 7, Huntington Park 1. Long Beach 2, Los Angeles 27, Pasadena 1, Redondo 1, San Fernando 1, Santa Monica 2, Torrance 1, South Gate 1, Madera County 3, Monterey County 1, Orange 1, Riverside County 1, Corona 1, Sacramento 4, San Bernardino County 2, San Bernardino 2, San Diego County 1, San Francisco 9, San Joaquin County 1, Manteca 1, Stockton 3, Santa Barbara 1, San Jose 1, Watsonville 1, Tulare County 1, Fillmore 1.

### Scarlet Fever

221 cases: Albany 1, Berkeley 1, Emeryville 2, Oakland 1, Colusa 1, Contra Costa County 1, Fresno 2, Willows 4, Humboldt County 1, Imperial County 3, El Centro 1, Kern County 10, Bakersfield 1, Delano 4, Hanford 2, Lake County 1, Los Angeles County 20, Burbank 1, Compton 1, Culver City 2, Glendale 2, Inglewood 1, Los Angeles 49, Montebello 1, Pasadena 3, Pomona 1, Whittier 1, Torrance 1, Lynwood 1, South Gate 1, Madera County 2, Marin County 1, Mariposa County 1, Willits 1, Merced County 4, Monterey 1, Nevada County 2, Grass Valley 4, Nevada City 1, Orange County 2, Anaheim 1, Huntington Beach 1, Newport Beach 1, Orange 1, Santa Ana 5, Seal Beach 1, La Habra 1, Laguna Beach 1, Riverside County 2, Sacramento 4, San Bernardino County 1, Upland 1, La Mesa 1, San Diego 1, San Francisco 12, San Joaquin County 7, Lodi 3, Stockton 6, San Luis Obispo County 2, Daly City 1, Santa Barbara 2, Santa Maria 2, Los Gatos 1, San Jose 1, Stanislaus County 2, Modesto 1, Sutter County 2, Yuba City 1, Tehama County 2, Red Bluff 1, Tulare County 4, Exeter 3, Visalia 2, Ventura County 2, Ventura 1, California 1.*

### Smallpox

30 cases: Berkeley 1, Oakland 1, Fresno County 4, Imperial County 3, Westmoreland 12, Hanford 1, Los Angeles 3, Tulare County 4, California 1.*

### Typhoid Fever

13 cases: Fresno County 6, Kern County 1, Kings County 1, Los Angeles 1, Torrance 1, San Francisco 1, Yuba County 1, California 1.*

### Whooping Cough

410 cases: Alameda 1, Berkeley 7, Emeryville 3, Oakland 15, Contra Costa County 1, Martinez 7, Fresno County 14, Humboldt County 1, Kern County 3, Los Angeles County 11, Glendale 1, Huntington Park 2, Long Beach 9, Los Angeles 17, Monrovia 1, Pasadena 3, Redondo 2, Sierra Madre 3, South Gate 1, Madera 4, Chowchilla 3, Monterey County 2, Carmel 2, Monterey 2, Pacific Grove 3, Napa County 4, Orange County 2, Santa Ana 1, Seal Beach 3, Riverside 3, Sacramento County 2, Sacramento 50, North Sacramento 3, San Bernardino County 1, San Bernardino 1, San Diego County 8, La Mesa 4, National City 12, San Diego 34, San Francisco 65, San Joaquin County 11, Lodi 3, Manteca 4, Stockton 12, Tracy 2, San Luis Obispo County 3, Paso Robles 12, San Mateo County 1, South San Francisco 3, Santa Barbara County 1, Santa Clara County 5, Mountain View 4, Palo Alto 2, San Jose 2, Santa Clara 10, Watsonville 3, Vallejo 2, Tehama County 1, Tulare County 2, Santa Paula 2, Ventura 8, Yolo County 5, Davis 1.

### Meningitis (Epidemic)

2 cases: Los Angeles 1, Riverside County 1.

### Dysentery (Amoebic)

2 cases: San Bernardino 1, San Francisco 1.

### Dysentery (Bacillary)

3 cases: Los Angeles 1, Sacramento 1, Santa Barbara 1.

### Ophthalmia Neonatorum

One case: San Francisco.

### Pellagra

One case: Oakland.

### Poliomyelitis

2 cases: Los Angeles 1, Napa 1.

### Tetanus

One case: Claremont.

### Trachoma

3 cases: San Francisco 1, Santa Clara County 1, San Jose 1.

### Trichinosis

6 cases: Sacramento 1, Sierra County 5.

### Jaundice (Epidemic)

2 cases: Kern County 1, Tulare County 1.

### Food Poisoning

3 cases: San Francisco.

### Undulant Fever

3 cases: Redlands 2, Tulare County 1.

### Coccidioidal Granuloma

One case: Madera County.

### Septic Sore Throat

2 cases: Sierra Madre 1, San Bernardino County 1.

### Rabies (Animal)

57 cases: Alameda County 1, Berkeley 1, Fresno County 2, Selma 2, Los Angeles County 18, Glendale 3, Huntington Park 1, Los Angeles 11, Pasadena 2, Santa Monica 1, South Pasadena 1, Orange County 3, La Habra 1, Riverside 1, Santa Clara County 5, Ventura County 2, Fillmore 1, Yolo County 1.

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* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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